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D. BRUCE



	ACCOUNT NO.	:	120000000195	i	
	REFERENCE	:	559617		
	AUTHORIZATION	:	Spelle	enan	,
	COST LIMIT	:			
ORDER DATE :	March 5, 2013				
ORDER TIME :	11:40 AM				
ORDER NO. :	559617-013				
CUSTOMER NO:	7924823				
					
	CHANGE OF AC	<u> SEN</u>	T		
NAME:	SMS CAPITAL LI	LC			
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CONTACT PERSON	: Susie Knight -	:	EXT# 52956		
			EXAMINER:		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: SMS CAPITAL t	LC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	ny; 4951 Gulf Shore Blvd. North, PH 202 Naples, FL 34103 US	
(b) ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Mr Edmondo Schwartz 750 Lexington Ave, 25th Floor New York, NY 10022 US	
12/27/ 3 Da	2011 te of filing/registration in Florida	L11000144330 4. Document number	
	Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	28
	NEW Registered Agent:	Corporation Service Company	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee	ORETA:: 6
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwiserating agreement of the limited liability company.	lorida street address of the regi- ical. Or, in the case of a Florid was/were authorized by an aff	steredelfice la limited — irmande vot o of
Dona	re of a member or authorized representative of a member Priebe, Authorized Person or typed name of signee	_	
I here compl and I Chapt addre	eby accept the appointment as registered agent and a y with the provisions of all statules relative to the pr am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability compan	gree to act in this capacity. If oper and complete performanc sition as registered agent as pi rely reflect a change in the reg y has been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.
By:	July Company or of Registered Agent Corneration Service Company		
المنتهد	now regimence Agent L'Arnoration Service Company	- Nyivia Uhiennei - Assistant Vic	e rresident

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00